

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Chesterfield Co. **Standard Certificate of Birth**  
STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

00163

Township of.....

or  
Inc. Town of McBee, S.C. Rt. 1

Bureau of Vital Statistics  
State Board of Health

Registration District No. 1200

Registered No.....  
(For use of Local Registrar)

City of.....

(No..... St..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Susie Katherine Thompson

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births { 4. Twin, triplet or other..... 5. Number, in order of birth..... }  
6. Premature.....  Full term..... 7. Are Parents Married? Yes 8. Date of birth April 10, 1943  
(Month, day, year)

9. Full name FATHER  
Robert Fulton Thompson

18. Name before marriage MOTHER  
Cora Lee Johnson

10. Residence (mailing address) McBee, S.C. R.F.D. 1  
(If non-resident, give place and State)

19. Residence (mailing address) McBee, S.C. R.F.D. 1  
(If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 31 (years)

20. Color or race White 21. Age at child's birth 21 (years)

13. Birthplace (city or place) Chesterfield, S.C.  
(State or country)

22. Birthplace (city or place) Kershaw, S.C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Saleslady

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Byren Organization

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. J.C. Penny Co.

16. Date (month and year) last engaged in this work Working now, 19.....

17. Total time (years) last spent in this work 4 Yrs

25. Date (month and year) last engaged in this work Now Working, 19.....

26. Total time (years) spent in this work 5 Yrs.

27. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living.....  (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... (months) weeks 29. Cause of stillbirth..... (Before labor.....) (During labor.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at..... on the date above stated.  
(Born alive ~~or dead~~)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cora Lee Thompson, Parent

Given name added from a supplementary report..... (Date of).....

or..... Guardian  
Address 2029 Boulevard gaz Fla

Filed July 13, 1943 L. A. Riser, M. D.  
Registrar.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

331.13